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Date

## Department of Criminal Justice Services College Course In-Service Credit Attest

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Name of Course Attended:					a de la forma
Name of College/University Attended:					in my
Name of Course Coordinator/Professor:	(Typed or Printed)				
Semester/Quarter Attended:	Santia Copia	16) <i>5</i> 1.7 Ti.	A STATE OF THE STA		
Course Description: (To be completed Please provide a synopsis or attach a course syllable				ed and method(s) of	presentation.
			<b>4</b>		
I certify that the student indicated above	e completed the	course listed wi	ith a minimum	passing grade o	of "C" or
better or successfully completed a pass/ presentation.	fail course and a	ttended a minii	mum of	contact hours o	f classroom

Signature of Program Coordinator/Professor